

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$429.00 for dates of service, 06/29/01, 07/17/01 and 08/01/01.
- b. The request was received on 07/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/25/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/25/02. The response from the insurance carrier was received in the Division on 08/01/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/17/01 and 08/01/01. The request for medical dispute resolution was received on 07/02/02. Date of service, 06/29/01, is out of jurisdiction for review.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$392.00 for services rendered on the remaining dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the remaining dates in dispute.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$392.00 for services rendered on the remaining dates in dispute.
6. The Carrier's EOB does not include a payment exception codes as required in Rule 133.304 (c). Therefore, this dispute will be reviewed as a "F" denial.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/17/01 08/01/01	99213 97750	\$48.00 \$344.00	\$0.00 \$0.00	F F	\$48.00 \$43.00/15 mins	MFG; TWCC Rule 133.304 (c); CPT Descriptor	The Carrier's EOB, dated 08/15/01 denies reimbursement as, "111". This EOB does not meet the requirements of TWCC Rule 133.304 (c) regarding explanation of benefits denials. The rule states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." However, the Provider has submitted medical documentation to support services rendered as billed in accordance with the Medical Fee Guideline. Therefore, additional reimbursement of \$392.00 is recommended.
Totals		\$392.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$392.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$392.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt